

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/088,064

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12	11		1		1	
13	1		1		1	
14	11		1		1	
15	①		1		1	
16	①		1		1	
17	①		1		1	
18	①		1		1	
19	①		1		1	
20			1			
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46						
47						
48						
49						
50						
TOTAL IND.	1		1		2	
TOTAL DEP.	18	↔	18	↔	20	↔
TOTAL CLAIMS						

SERIAL NO.	10/088,064		FILING DATE
APPLICANT(S)			
IND.		*	
DEP.		*	
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			